

## PRIVACY ACT REQUEST

Submit two (2) copies.

**NOTE: False statements subject to criminal penalties. See Public Law 93-579, 88 stat. 1902 (5 U.S.C. 552a(i))**

Privacy Act Statement: Authority for collecting information requested on this form is contained in 5 U.S.C. 552(a); 50 U.S.C. 402 note and Executive Order 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, 03, 09, 10 and GNSA17 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. The information provided will be used (*primarily*) to identify the individual requesting Agency records and to identify the record(s) requested. Disclosure of requested information, including your SSN, is voluntary. However, failure to furnish requested information, other than your SSN, may result in the delay or denial of the processing of your request.

**SECTION I - REQUESTER AND RECORD IDENTIFICATION (Mandatory)**

REQUESTER NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER	ORGANIZATION
HOME ADDRESS (Street)	(City)	(State)	(ZIP Code)	
PHONE NUMBER (Secure)	(Non-Secure - include Area Code)	(Home - include Area Code)		
SIGNATURE (Only required if requested record(s) for yourself)			DATE (YYYY-MM-DD)	
DESCRIPTION OF REQUESTED RECORD(s) (Please be specific)				

**INDIVIDUAL WHOSE RECORD IS BEING SOUGHT IF OTHER THAN REQUESTER**

NAME (Last)	(First)	(MI)	HOME PHONE NUMBER (Include Area Code)	
HOME ADDRESS (Street)	(City)	(State)	(ZIP Code)	SOCIAL SECURITY NO.
DELIVERY OF RECORD(s)		SIGNATURE		DATE
<input type="checkbox"/> MAIL TO MY HOME ADDRESS				
<input type="checkbox"/> I give permission for the individual listed above as the "REQUESTER", to retrieve these records on my behalf.				
REPRESENTATIVE'S LEGAL CAPACITY (Copy of authorizing document must be attached, e.g., court's guardianship order, power of attorney, etc.)				
(Printed Name)		(Signature)	(Title)	

**SECTION II - FOR AGENCY USE ONLY**

REMARKS		
OFFICIAL'S SIGNATURE	OFFICIAL'S TITLE	DATE